

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2			/			
3			/			
4	X					
5	X					
6	X					
7	X					
8	X					
9			/			
10	X					
11	X					
12	X					
13	X					
14	X					
15			/			
16			/			
17			/			
18			/			
19			/			
20	X					
21	X					
22	X					
23	X					
24	X					
25	X					
26			/			
27			/			
28	X					
29	X					
30	X					
31	X					
32			/			
33			/			
34	X					
35	X					
36	X					
37	X					
38			/			
39			/			
40			/			
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42			/			
43			/			
44			/			
45			/			
46			/			
47			/			
48			/			
49			/			
50			/			
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		/				
53		/				
54		/				
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97						
98						
99						
100						
TOTAL IND.	8	↓		↓		↓
TOTAL DEP.	24	←		←		←
TOTAL CLAIMS	72					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS